

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Joseph Skiba                      Group Art Unit: 3765  
Serial No.: 10/625,715                      Examiner: Rodney M. Lindsey  
Filed: July 22, 2003  
For: **LIGHTWEIGHT IMPACT RESISTANT HELMET SYSTEM**  
Matter No.: 0133-1

Bedminster, NJ 07921  
September 24, 2004

**Facsimile Mail To: (703) 872-9306**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**SEP 24 2004**

Sir:

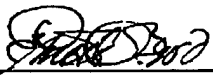
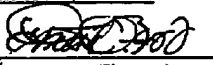
**AMENDMENT UNDER 37 CFR 1.116**

In response to the Office Action dated July 26, 2004, kindly amend the above-identified application as follows:

**Amendments to the Claims** are set forth in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

**SEP 24 2004**

|   |  |                                |   |                                       |             |                          |
|---|--|--------------------------------|---|---------------------------------------|-------------|--------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |  |                                |   | ATTORNEY'S DOCKET NO.:<br>0133-1      |             |                          |
| SERIAL NUMBER:<br>10/625,715  | FILING DATE:<br>July 22, 2003              | EXAMINER:<br>Rodney M. Lindsey |   | GROUP ART UNIT:<br>3765               |             |                          |
| INVENTION:<br><br><b>LIGHTWEIGHT IMPACT RESISTANT HELMET SYSTEM</b>   |  |                                |   |                                       |             |                          |
| INVENTOR(s): Joseph Skiba   |  |                                |   |                                       |             |                          |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS:<br>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.   |  |                                |   |                                       |             |                          |
| <b>CLAIMS AS AMENDED</b>  |  |                                |   |                                       |             |                          |
| (1)   | (2)<br>CLAIMS REMAINING<br>AFTER AMENDMENT | (3)                            | (4)<br>HIGHEST NUMBER<br>PREVIOUSLY PAID<br>FOR   | (5)<br>NO. OF EXTRA<br>CLAIMS PRESENT | (6)<br>RATE | (7)<br>ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS   | 12   | MINUS                          | 20  | 0                                     | X \$9       | \$ 0.00                  |
| INDEP. CLAIMS   | 2  | MINUS                          | 3   | 1                                     | X \$43      | \$ 0.00                  |
| <b>TOTAL ADDITIONAL FEE<br/>FOR THIS AMENDMENT</b>  |  |                                |   |                                       |             | <b>\$ 0.00</b>           |
| <p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The undersigned petitions for a one month time extension for filing this document under 37 C.F.R. 1.136. A Check for \$ _____ is enclosed to cover the fee for this time extension. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p> |  |                                |   |                                       |             |                          |
| <u>September 24, 2004</u><br>Date   |  |                                | <br>Signature   |                                       |             |                          |
| <u>(908) 901-0220</u><br>Phone  |  |                                | <u>Ernest D. Buff</u><br>Attorney Name  |                                       |             |                          |
|   |  |                                | <u>25,833</u><br>Reg. Number  |                                       |             |                          |
| I hereby certify that this correspondence is being mailed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 via facsimile transmission number (703) 872-9306 on <u>September 24, 2004</u> .  |  |                                |   |                                       |             |                          |
|   |  |                                | <br>(Signature) |                                       |             |                          |
|   |  |                                | <u>Ernest D. Buff</u><br>Attorney of Record   |                                       |             |                          |
|   |  |                                | <u>September 24, 2004</u><br>(Date)   |                                       |             |                          |

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